Office of the State Fire Marshal Prevention Division



Fall 2017

PREVENTION Highlights



PREMISH Highlights

TABLE OF CONTENTS

Page 3
Edu-Note by Joel

Pages 4-5
Common Violations Inspectors Find in Schools

Page 6
CMS Immediate Jeopardy

Page 7
Fire Extinguisher Compliance

Page 8
Kiddie Fire Extinguisher Recall

Page 9
Spot the Violations

Page 10
Power Strip Safety

Page 11
Emergency Preparedness Q&A

Page 12 Cooking Fire Safety



Our Mission

The Office of the State Fire Marshal (OSFM) is dedicated to protecting lives and property from the hazards of fire or explosion and will promote prevention, educational and investigative

activities to mitigate incidents, promote life safety and deter crimes.

The Fire Prevention Division

The goal of the Fire Prevention Division is to reduce the potential impact of fire and explosion hazards where people live, work and congregate (other than one— or two-family dwellings) through code enforcement, inspections, plans review, licensing, and public education.

Prevention Highlights

Prevention Highlights is published quarterly to provide facility managers and others with information necessary to operate fire-safe facilities.

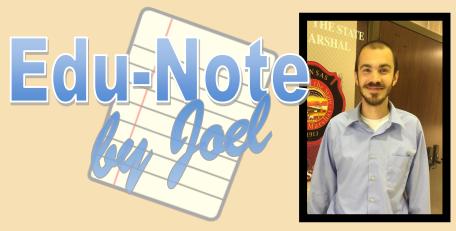


800 SW Jackson Suite 104

785-296-3401

prevention@ks.gov





CONTACT JOEL

Phone: 785-296-0659

Email: joel.c.beckner@ks.gov

The busy summer has come to an end and now we look towards what looks to be a busy winter as well. This summer has kept me busy going all over the state of Kansas from continuing training for the 2012 Life Safety Code for Healthcare Facilities to meeting a great bunch of high school students who have an interest in all the different job opportunities the Fire Marshal has to offer.

Some of the biggest changes that will affect CMS funded facilities would be the Fire Door Inspection requirement and the Emergency Preparedness requirement. The Fire Door Inspection requirement will come into effect January 1^{st,} 2018. This requires those under 2012 LSC to have an annual inspection on their fire doors by a qualified person. Fire Door Companies that you have worked with in the past should be able to meet this "qualified person" criteria to meet this requirement. If your facility is wondering if training could take place for staff to do the inspections, please refer this article that NFPA put out about this matter.

http://www.nfpa.org/news-and-research/publications/nfpa-journal/2017/september-october-2017/in-compliance/nfpa-101.

The other major change to bring to the forefront is the Emergency Preparedness ruling. It is important to note that the OSFM will only be conducting the Emergency Preparedness Surveys to Nursing Homes and Psychiatric Residential Treatment Facilities. These surveys will start November 15th, 2017. Our office will be putting together a series of webinars to train facilities in this matter starting on October 30th through the end of that week. If you are interested in attending one of these webinars please reach out to me by email at joel.c.beckner@ks.gov.

-Joel Beckner, Education Consultant

Welcome...



We are pleased to welcome Mike Kriesel, who has joined our Prevention team as a Fire Prevention Inspector. Mike will continue to work at the Osawatomie Fire De-

partment, where he has volunteered for over 11 years and has been a diver for two years. Mike, a native Kansan, grew up in Paola and graduated from Paola High School. He resides in Osawatomie with his wife, Erica, and their five children. When he's not working, Mike enjoys camping and the outdoors with his family. "I love my work at the fire station," Mike said. "And I'm looking forward to building a career in fire service."



Rachel Martin joins our Prevention team as a Fire Prevention Inspector/ Enforcement Officer. Rachel has been our office manager for the past two years. Rachel and her husband Brian reside in Topeka along with their spoiled fur babies, Abby and Spot. When she's not working, Rachel enjoys cook-

ing, baking, and hot air ballooning and is a huge HGTV junkie. "I'm looking forward to expanding upon the knowledge I've gained over the last two years and being a part of the amazing team who work to promote fire safety in Kansas."

Common Violations Inspectors Find in Schools



As the school year is now in full swing, it might be good to look at some more common violations that our inspectors come across during their many inspections.

- 1. Emergency Lights: Emergency power supply shall provide power for a minimum of 90 minutes. Equipment shall be tested for 30 seconds monthly and 90 minutes annually.
- 2. Power Strips: Re-locatable power taps shall be of the polarized or grounded type, equipped with overcurrent protection, and shall be listed. Re-locatable power taps shall be directly connected to a permanently installed receptacle. Re-locatable power taps shall not extend through walls, ceilings, floors, under doors or floor coverings, or be subject to environmental or physical damage.
- 3. Systems Maintained: Fire detection, alarm and extinguishing systems shall be maintained in an operative condition at all times, and shall be replaced where defective. Records of all inspections, tests and maintenance shall be maintained on the premises for a minimum of 3 years.
- 4. Fire doors and smoke barrier doors shall not be modified, blocked or obstructed or made inoperable. Swinging fire doors shall close and latch automatically. Horizontal and vertical sliding doors shall be inspected and tested annually. A written record shall be maintained and be available. Magnetic hold-open devices and automatic door closers on fire doors, where provided, shall be maintained. If fire doors are out of service the door shall remain in the closed position.



- 5. Extension cords: Extension cords shall not be a substitute for permanent wiring and shall not be affixed to structures, extended through walls, ceilings or floors. Cords shall not contain splices or damage. Extension cords shall only be plugged directly into an approved receptacle. Except for approved multi-plug extension cords, each extension cord shall serve only one appliance. The ampacity of the extension cord shall not be exceeded. Extension cords shall be grounded when serving grounded portable appliances.

- Exit Obstructions: Obstruction to exits shall not be placed in the required width and exits shall not be obstructed in any manner.
- Junction Box: Open junction boxes and open wiring splices shall be prohibited. Approved covers shall be provided for all switch and outlet boxes.
- 8. Electrical Panel: A working space of not less than 30 inches in width, 36 inches in depth and 78 inches in height shall be provided in front of electrical service equipment (panel). Where electrical service equipment is wider than 30 inches, the working space shall not be less than the width of the equipment.



- Rated Doors Blocked or Wedged: Fire doors and smoke barrier doors shall not be blocked. No door wedges or fold down feet in rated corridors.
- 10. Fire Extinguishers: Fire extinguishers shall be mounted, conspicuously located, unobstructed, and available for immediate use. If visual obstruction cannot be avoided, signs shall be provided. Height Requirements: 40lbs -Not more than 3.5ft and not less than 4in.

Hopefully listing these out can help one be able to look at the schools and make these corrections to help keep our schools safer. If you have any questions about these requirements or anything else about K-12 please feel free to send me and email or call at joel.c.beckner@ks.gov or 785-296-0659.





If you are healthcare administrator, operator, or facility owner you may have heard this term or have had it happen to your facility. When items are found during an inspection that do not meet the criteria for Centers for Medicare and Medicaid Services (CMS) checklist they are considered distinctly hazardous.

What is Immediate Jeopardy or IJ status?

It includes all those who are certified Medicare/ Medicaid entities. CMS defines Immediate Jeopardy as, "A situation in which the provider's noncompliance with one or more requirements of participation has caused, or is likely to cause, serious injury, harm, impairment or death to a resident."

In these conditions, the violations will need to be corrected immediately, and the inspector will remain on site until they are completed. This may include immediate evacuation of the building, and the building may become unusable until the problem is corrected and appropriate planning for fire safety is shown.

Immediate Jeopardy Gategories

Harm can be actual or potential.

Immediacy is based off the answer to this question: is the harm or potential harm likely to occur in the very near future to this individual or others in the entity, if immediate action is not taken?

Culpability is defined by whether the entity knew about the situation and if so when did the entity first become aware? Should the entity have known about the situation and did the entity thoroughly investigate the circumstances? Did the entity implement corrective measures? Has the entity reevaluated the measure to ensure the situation was corrected?



What triggers an IJ status?

Failure to provide safety from fire, smoke, and environmental hazards and/or failure to educate staff in handling emergency situations could trigger an IJ status. Some situations that would trigger an IJ status are: Nonfunctioning or lack of emergency equipment and/or power source; smoking in high risk areas, incidents such as electrical shock, fires; ungrounded/unsafe electrical equipment; widespread lack of knowledge of emergency procedures by staff; lack of functioning ventilation, heating or cooling system placing individuals at risk; use of nonapproved space heaters, such as kerosene, or electrical, in resident rooms or patient areas; locking exit doors in a manner that does not comply with NFPA 101; obstructed hallways and exits preventing egress; lack of maintenance of fire and life safety systems.

We all want to make sure our facilities are fire-and-life-safety-safe and by doing so we need to educate ourselves and our staffs about what can occur. Thank you for helping keep our facilities safe.





Fire Extinguisher Compliance



Last year, the State of Kansas adopted the 2012 edition of the NFPA Life Safety Code. For those who follow Centers for Medicare & Medicaid Services (CMS), there are many different requirements that facilities must fulfill. Non-continuous projections is one of those requirements.

In the 2012, LSC 18.2.3.4(2) and 19.2.3.4(2), it says non-continuous projections must be no more than 6 inches from the corridor wall. This requirement protects people who are blind or have low vision from being injured by bumping into a protruding object that they cannot detect with a cane. While this is a good requirement, it can create some problems

considering the common fire extinguisher will protrude out further in the corridor walls.

Some healthcare facilities also comply with the requirements of the ADA for protruding objects: 2010 Standards for Accessible Design (2010 Standards) generally limit the protrusion of wall-mounted objects into corridors to no more than 4 inches from the wall when the object's leading edge is located more than 27 inches, but not more than 80 inches, above the floor.

Due to the recently issued requirements by CMS and the ADA requirements, Oval Brand's low-profile fire extinguishers are the only fire extinguishers which can be surface mounted in the corridors of healthcare facilities while maintaining compliance with the NFPA-101 Life Safety Code (2012 edition) and the ADA. All other brands with 5-pound and 10-pound fire extinguishers which protrude more than 4.5 inches when surface mounted. However, the UL listed Oval Brand extinguishers project less than 4 inches and are always compliant. This is a good way to stay in compliance with these requirements while having quality brand fire extinguishers to protect your residents and facility. If your facility is in need to correct this issue, using Oval Brand extinguishers is a great way to meet these requirements.

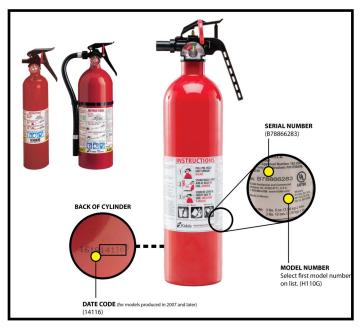
Fire Extinguisher Recall

Kiddie recalls fire extinguishers with plastic handles due to failure to discharge and nozzle detachment, one death reported.

 United States Consumer Product Safety Commission

This recall involves two styles of Kidde fire extinguishers: plastic handle fire extinguishers and push-button Pindicator fire extinguishers. Plastic handle fire extinguishers: The recall involves 134 models of Kidde fire extinguishers manufactured between January 1, 1973 and August 15, 2017, including models that were previously recalled in March 2009 and February 2015.

The extinguishers were sold in red, white and silver, and are either ABC- or BC-rated. The model number is printed on the fire extinguisher label. For units produced in 2007 and beyond, the date of manufacture is a 10-digit date code printed on the side of the cylinder, near the bottom. Digits five through nine represent the day and year of manufacture in DDDYY format. Date





codes for recalled models manufactured from January 2, 2012 through August 15, 2017 are 00212 through 22717. For units produced before 2007, a date code is not printed on the fire extinguisher.

Push-button Pindicator fire extinguishers: The recall involves eight models of Kidde Pindicator fire extinguishers manufactured between Aug. 11, 1995 and Sept. 22, 2017. The no-gauge push-button extinguishers were sold in red and white, and with a red or black nozzle. These models were sold primarily for kitchen and personal watercraft applications.

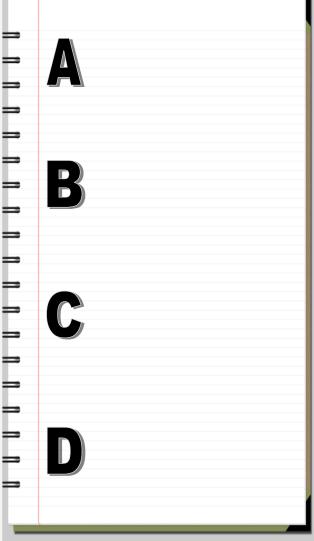
For serial numbers and more information CLICK HERE

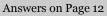
<u>Huge Fire Extinguisher - WCVB Channel 5</u>















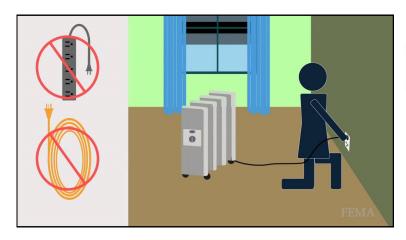


Power Strip Safety



the power strip and the devices you are plugging into the strip. If you are not careful, the power strip will become overburdened, and that can cause the power strip to overheat and may catch on fire.

Another important rule to follow with cooler temperatures coming, many might want to use their small space heaters. If so, do not plug them into a power strip. Power strips are not designed to handle the energy load of a space heater and can cause that power strip to overheat.



Remember, technology has made some great products that make our life easier but it is also very important to understand the safety risk and to make sure we are using them correctly.

Many homes and places of work might not have electrical outlets placed in the most convenient place for our use. Thankfully we have power strips that we can use to help when that is the case. However, it is important to take safety precautions when using these power strips, especially with holidays and colder weather on the way.

It is important to note the amperage rating on the power strips, which can be found on the tag on the power cord or on the underneath of the strip. It is important to note the amperage rating of



POWER 6 15FT 120V STRIP OUTLETS CORD INPUT



Emergency Preparedness Q8



What types of facilities will the OSFM be surveying for the EP Ruling?

The OSFM will be inspecting Long Term Care and Psychiatric Residential Treatment Facilities.



If a hospice does not have its own building, is it required to follow these Emergency Preparedness Guidelines?

It depends on if the joining facility has a 2-hour fire wall separation between the two occupancy types. If so, then the additional occupancy would not be required to follow the EP Rule. If the fire wall is not in place, the facility would have to follow the EP Rule.



Can tags have waivers or FSES (Fire Safety Evaluation System) to be accepted?

No, there can be no waivers or FSES performed for the EP Ruling.



Are facilities required to know what medications staff are taking so it can be provided under requirement 0015?

Facilities must be able to provide adequate subsistence for all patients and staff for the duration of an emergency or until all its patients have been evacuated and its operations ceased.



When will Emergency Preparedness Inspections be conducted?

They will be conducted during the annual Life Safety Code inspection.



When will the effective date of this ruling begin?

The effective date of this ruling will begin Nov. 15, 2017.



How much fuel needs to be on hand for an emergency generator during an emergency situation?

NFPA 110 requires all facilities considering seismic events to maintain a minimum 96-hour fuel supply.



Do residents have to be evacuated during the drill for the full-scale exercise under 0039?

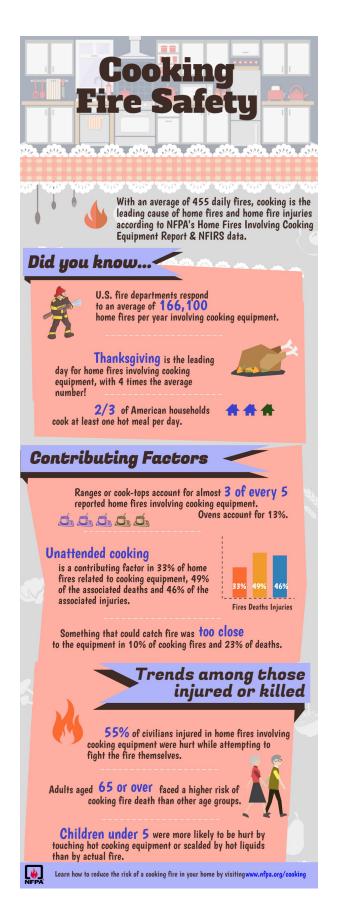
The requirement does not say specifically that they do.



What are you to do if your facility has multiple provider types in the same building but varying requirements?

The facility can have an overarching Emergency Preparedness Plan but the plan must be very specific in each provider type addressing each requirement separately.









Answers to Spottlie Violations (page 9)

A. Corrosion and build up on a sprinkler head; B. Still frying and grilling without baffles in the hood; C. Oil rags not kept in a an approved container; D. Exit from a classroom is totally blocked.